



**ESSEX COUNTY IN THE PARK
INDUSTRIAL DEVELOPMENT AGENCY**

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PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, 20__

Complete this form:(1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone (____) _____

Residence Address _____ Residence Phone (____) _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS (omit cents)

Cash on hands & in Banks..... \$ _____
Savings Account.....\$ _____
IRA or Other Retirement Account.....\$ _____
Accounts & Notes Receivable.....\$ _____
Life Insurance-Cash Surrender Value....\$ _____
(Complete Section 8)
Stocks and Bonds.....\$ _____
(Describe in Section 3)
Real Estate.....\$ _____
(Describe in Section 4)
Automobile-Present Value.....\$ _____
Other Personal Property.....\$ _____
(Describe in Section 5)
Other Assets.....\$ _____
(Describe in Section 5)

Total..... \$ _____

LIABILITIES (omit cents)

Accounts Payable..... \$ _____
Notes Payable to Banks and Others.\$ _____
(Describe in Section 2)
Installment Account (Auto).....\$ _____
Mo. Payments \$ _____
Installment Account (other).....\$ _____
Mo. Payments \$ _____
Loan on Life Insurance.....\$ _____
Mortgages on Real Estate.....\$ _____
(Describe in section 4)
Unpaid Taxes.....\$ _____
(Describe in Section 6)
Other Liabilities.....\$ _____
(Describe in Section 7)
Total Liabilities.....\$ _____
Net Worth.....\$ _____

Total.....\$ _____

Section 1. Source of Income

Salary.....\$ _____
Net Investment Income.....\$ _____
Real Estate Income.....\$ _____
Other Income (Describe Below)*.....\$ _____

Contingent Liabilities

As Endorser or Co-Maker.....\$ _____
Legal Claims & Judgements.....\$ _____
Provision for Federal Income Tax...\$ _____
Other Special Debt.....\$ _____

Description of Other Income in Section 1

Alimony or child support payment need not to be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2 Notes Payable to Bank and Others (Use attachments if necessary. Each Attachment must identified as a part of this statement and signed.)

Name and Address of Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3 Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4 Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage			

AccountNumber			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries).

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan

or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief Administrative Branch, U.S.